

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

RESIDENTIAL CAPITAL, LLC, et al.,
Post-Effective Date Debtors

Chapter 11

RESCAP BORROWER CLAIMS TRUST,
v.
TIA DANIELLE SMITH,
Creditor-Beneficiary

Case No. 12-12020-mg

APPLICATION FOR WAIVER OF COSTS FOR PREPARATION OF TRANSCRIPT OF
PROCEEDINGS ON FEBRUARY 9, 2016
(CLAIM NOS. 3889, 4129, 4134 AND 4139)

NOW COMES Tia Danielle Smith, by her attorney, Wendy Alison Nora, and respectfully applies for the Order waiving prepayment of the costs of preparation of the Transcript of the hearing held on February 9, 2016 due to her poverty and shows the Court:

1. Ms. Smith has attached her Financial Disclosure in the form required by the United States District Court for the Southern District of New York as Exhibit A to this Application.

2. Ms. Smith needs to review the Transcript of the hearing on February 9, 2016 in order to file her completed Motion for Reconsideration or her Statement of Issues for Appeal and appellate briefs, if her Motion for Reconsideration of the Court's Order of June 3, 2016 (Doc. 9917) is not granted.

3. The estimated cost of the preparation of the Transcript is approximately \$1,200.00 and she is unable to pay for its preparation.

4. This Court has ordered and reviewed the Transcript of the hearing on February 9, 2016 because this Court has identified pages and lines from the testimony of Sara Lathrop.

5. The Transcript might also be made available after 90 days from the date it is prepared, but Ms. Smith would need a stay of the appellate requirements under Fed. R. Bankr. P. 8009 until the Transcript is made available to the public.

6. Ms. Smith has concurrently filed a preliminary Motion for Reconsideration and has moved for a stay of the appellate requirements under Fed. R. Bank. P. 8009.

WHEREFORE, Ms. Smith requests a waiver of the costs of preparation of the Transcript so that she may order the Transcript to be prepared for her review and use in further proceedings.

Dated at Minneapolis, Minnesota this 9th day of June, 2016.

/s/ Wendy Alison Nora

Wendy Alison Nora
310 Fourth Avenue South, Suite 5010
Minneapolis, Minnesota 55415
(612) 333-4144
FAX (612) 206-3170
accesslegalservices@gmail.com

UNSWORN DECLARATION OF SERVICE

The above-captioned document filed by CM/ECF on June 9, 2016 and was thereby served on all parties and their counsel capable of service by CM/ECF in these proceedings.

/s/Wendy Alison Nora

Wendy Alison Nora

EXHIBIT A

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

TIA DANIELLE SMITH

(List the full name(s) of the plaintiff(s)/petitioner(s).)

16 CV _____ () ()

-against-

RESCAP BORROWER CLAIMS TRUST

successor in interest to the RESCAP Debtors (Case No. 12-12020)

(List the full name(s) of the defendant(s)/respondent(s).)

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

June 09, 2016

Dated

Signature

Smith, Tia Danielle

Name (Last, First, MI)

4011 Hubert Avenue, Los Angeles, California 90008

Address

City

State

Zip Code

(323) 803-3027

Telephone Number

myfathersdiamond@msn.com

E-mail Address (if available)

Application to Appeal In Forma Pauperis

Tia Danielle Smith v. RESCAP Debtors

Appeal No. 1:16-cv-01561

District Court or Agency No. _____

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: _____



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: June 09, 2016

My issues on appeal are: (required):

1. *For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.*

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Self-employment	\$ 450.00	\$ N/A	\$ 0.00	\$ N/A
Income from real property (such as rental income)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A

Interest and dividends	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Gifts	\$ 200.00	\$ N/A	\$ 0.00	\$ N/A
Alimony	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Child support	\$ 200.00	\$ N/A	\$ 200.00	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Unemployment payments	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Public-assistance (such as welfare)	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Other (specify):	\$ 0.00	\$ N/A	\$ 0.00	\$ N/A
Total monthly income:	\$ 1350.00	\$ 0	\$ 200.00	\$ N/A

2. *List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
self-employed	4011 Hubert Avenue	5/1/16 -6/9/2016	\$ 500.00
	Los Angeles, CA 90008		\$
			\$

3. *List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)*

Employer	Address	Dates of employment	Gross monthly pay
N/A			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 350.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Comerica	Checking	\$ 61.00	\$ N/A
Bank of America	Checking	\$ 70.00	\$ N/A
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$ 700,000.00	(Value) \$ 0.00	(Value) \$ 0.00
Title is currently being disputed		Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$ 0.00	(Value) \$ 0.00	(Value) \$ 0.00
Make and year:		
Model:		
Registration #:		

6. *State every person, business, or organization owing you or your spouse money, and the amount owed.*

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Charles Mays	\$ 54,000.00	\$ N/A
(Child support on order of court	\$	\$
monthly payments of \$200.00)	\$	\$
	\$	\$

7. *State the persons who rely on you or your spouse for support.*

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
N/A		

8. *Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.*

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ 0.00	\$ N/A
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0.00	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0.00	\$ N/A
Food	\$ 150.00	\$ N/A
Clothing	\$ 0.00	\$ N/A
Laundry and dry-cleaning	\$ 0.00	\$ N/A
Medical and dental expenses	\$ 0.00	\$ N/A

Transportation (not including motor vehicle payments)	\$ 0.00	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0.00	\$ N/A
Life:	\$ 94.00	\$ N/A
Health:	\$ 0.00	\$ N/A
Motor vehicle:	\$ 0.00	\$ N/A
Other:	\$ 0.00	\$ N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0.00	\$ N/A
Installment payments		
Motor Vehicle:	\$ 0.00	\$ N/A
Credit card (name):	\$ 0.00	\$ N/A
Department store (name):	\$ 0.00	\$ N/A
Other:	\$ 0.00	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0.00	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0.00	\$ N/A
Other (specify):	\$ 0.00	\$ N/A
Total monthly expenses:	\$ 244.00	\$ N/A

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes

☐ No

If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

12. *Identify the city and state of your legal residence.*

City Los Angeles State California

Your daytime phone number: (323) 803-3027

Your age: 49 Your years of schooling: 12

Last four digits of your social-security number: 2841